

18
9-14-00

| POSITION | INITIALS | ID NO. | DATE |
|---------------------------|--------------------|--------|---------|
| FEE DETERMINATION | <i>[Signature]</i> | 7622 | 8/4 |
| O.I.P.E. CLASSIFIER | <i>[Signature]</i> | 954 | 9-12-00 |
| FORMALITY REVIEW | <i>[Signature]</i> | | |
| RESPONSE FORMALITY REVIEW | | | |

INDEX OF CLAIMS

✓ Rejected
 = Allowed
 - (Through numeral) Canceled
 + Restricted

N Non-elected
 I Interference
 A Appeal
 O Objected

| Claim | Date |
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| Claim | Date |
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| Claim | Date |
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If more than 150 claims or 10 actions
staple additional sheet here

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